MICHIGAN DEPARTMENT OF STATE POLICE MICHIGAN COMMISSION ON LAW ENFORCEMENT STANDARDS

CCW Civilian Pistol Safety Training Course

INSTRUCTOR CERTIFICATION APPLICATION

(Please Neatly Print or Type the Requested Information)

The following requested information must be completed to have your application reviewed for "State" certification as an instructor qualified to teach the 8-hour pistol safety training course pursuant to P.A. 381 of 2000.

Name:		Soc Sec:		Applic	Application Date:		
Age	ency/Location:			Phone:	Phone: () -		
Add	iress:			Fax:	() -	
City	r:			State:		Zip:	
1. I am a • current • former MCOLES certified law enforcement officer; a • current • former law enforcement							
	state who is/was recognized by the state Post as a certified law enforcement officer, a • current • former federal law						
	enforcement officer, a ● current ● former member of the U.S. Armed forces. a. If a former MCOLES, other state certified law enforcement officer, Federal officer, or military indicate the date and the last agency/branch you separated from:						
2.	Date Agency certify that I have not been terminated, allowed to resign in lieu of termination, or asked to leave employment with any state or federal law enforcement agency, or dishonorably discharged from the military. Initial						
3.	I certify that I have not been convicted of a felony or any offense listed in P.A. 381, 2000 that would make me ineligible to obtain a CCP						
4.	license. Initial List or attach your resume that details your initial firearm instructor training and subsequent professional development related to firearm training, use of force, instructor development, etc. (Attach additional sheet(s) if necessary)						
			LENGTH IN				
	COURSE TITLE *	DATE	HOURS		TRAINING PROVIDER		
* A	ttach copy of training certificate or other proof of so	uccessful completion.					
5.6.7.	Attach a letter signed by the chief administrator following information that: a. identifies you by name and social security b. indicates that you are an employee of the ac. you are a firearm instructor for that organid. you have demonstrated the ability to present requests you be certified to <i>teach the 8-ho</i> Submit a copy of your lesson plan that is based Return this application with attachments to MC	number, ngency or training lo zation, nt firearm training o ur pistol safety trai upon the law and N	ocation, curriculum, and ning course. MCOLES training o	bjectives.	Ü		
Applicant Signature						Date	
Ap	plication ReceivedDate	Approved	by –				
	MCOLES USE ONLY	Denied •	Date _		Certificat	e No	